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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Sunshine State Service Dogs, org. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

.00 ng Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL C	OPY REQUIRED	
FROM: Shoshana Rappaport  Name (Printed of typed)  7235 NW 63rd terrace  Address  Parkland, FL 33067  City, State & Zip  (561) 909-8858				
(561) 909 - 8858  Daytime Telephone number				

Sunshinestate Servicedogs @ Gmail. Com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

The name of the corporation shall be: Sunshine Sto	He Service Doas INC.
ARTICLE II PRINCIPAL OFFICE	16 00 110 0 0 July 1
Principal street address 7235 NW 63rd + CITACE Parkland, FL 33067	Mailing address, if different is:
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: Sun Ship	e State Service Dogs mission is to ad hands on assistance, community avocacy to Service Dogs, those in traing as well as rescuing dogs to be a individuals with disabilities across the with the disabilities across the
Provide public education, technical ar	id hands on assistance, community
Outreach, Social opportunities, and Ac	Two cacy to Service Dogs, those in train-
big and their handlers. Amid breedin	g as well as resconna dogs to be
riaced as folly trained service Bogs to	y individuals with disubilities across file
Directors are appointed based on duty	ich the directors are elected and appointed: State of Florida.  And Contribution to the Organization.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
	Name and Title:
Address: 7235 NW 63th Fessace Parkiand, FL 33067	Address:
•	
Name and Title: SOTO Dong dei Blood - Vice Pres  Address: 7910 kimpery Blvd  North Address: 33668	ident
Address: 7910 km DC N Blud	Address:
No(th ) auderda 12, FL 33068	
Name and Title: Heather Hawk - Coordinator	Name and Title:
Address: 1410 NE 5th Ln	Address:
cape Coral, FL 33909	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the	e registered agent is:
Name: Shoshana maga Rappaport Address: 7235 NW 639 tallace	201
parkland, +L 33067	
ARTICLE VII INCORPORATOR	SS CO
The name and address of the Incorporator is:	real control of the c
The name and address of the Incorporator is:  Name: Shoshana Rappaport	
Address: 7235 NW 63rd terrace	PH D
- Varktaria, TL 33061	
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered	
Certificate, I am jumiliar with and accept the appointment as registered	agent and agree to act in this capacity
Muchand Key Marad &	01/25/2011
Required Signature of Registered Agent	Date
I submit this document and affirm that the facts stated herein are true	I am aware that any false information submitted in a document
to the Department of State constitutes a third degree felony as provided	for in s.817.155, F.S.
0/10	·
Mhoshama Mannasort	01/25/2011
Required Signature of Incorporator	- Date